## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/552014 APPLICANT(S)

FILING DATE

**CLAIMS** 

	T-						CLAIMS						
	AS FILED		AFTER 1 <sup>4</sup> AMENDMENT		AFTER 2 "AMENDMENT			AS FILED		AFTER		AFTER 2 AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1—		<b>}</b>			<u> </u>	51						
3	2	<del>                                     </del>	<b>{</b>	<del>  </del>		<del> </del>	52						
4	+ -		<b></b>			<del> </del>	53				ļi		
5	+ ;			1			54 55						
6	17						56						
7							57						
8	1						58						
9	1						59						
10 11	1-!	ļ					60						
12	1 :						61					· .	
13	<del>                                     </del>						62						
14	1						64						
15	1						65						******
16							66						
17	C						67						
18	1						68						~~~
19 20							69						
21							70						
22							71 72					<b>-</b>	
23					<del></del>		73						
24							74						
25							75						
26							76						
27	<u> </u>						77						
28	<u> </u>						78						
29 30							79						
31	1		<del></del>				80 81						
32							82				<del></del>		
33	i				<del></del>		83						
34							84						-
35	1						85						
36	1						86						
37	!						87						
38-							88-						
39 40	1		<del></del>				89 90						
41							91				-+	<del></del>	
42		<del></del>					92		<del></del>  -		<del></del>		
43							93						
44							94						
45							95			[			
46							96						
47							97			<u> </u>			
48 49				-+			98						
50				<del></del>		<del></del> [	99 100						
OTAL IND.	38	#		#		#	TOTAL IND.		₽		#		1
OTAL DEP	i	<del>-</del>		<b>←</b> [		<b>←</b>	TOTAL DEP.		<u>←</u>		<b>←</b>		<b>+</b>
TOTAL CLAIMS	39						TOTAL CLAIMS			Section 2			
PTO-1366	(REV. 11/94)								S. DEPARTM				